as a second line treatment without increase of the total national CML budget in 2014.

PCN70

RADIO-223 IN THE TREATMENT OF METASTATIC CASTRATION RESISTANT PROSTATE CANCER WITH BONE METASTASES: BUDGET IMPACT ANALYSIS OF THE NATIONAL HEALTH SERVICE

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OBJECTIVES: Castration resistant prostate cancer with bone metastases (mCRPC) is a common condition associated with high medical and indirect healthcare costs. Purpose of this analysis is to estimate the economic consequences of Radio-223 dichloride in the treatment of prostate cancer with definition of a Budget Impact Analysis (BIA) from the perspective of the National Health Service (NHS). **METHODS:** Budget Impact analysis was carried to quantify the impact on the Italian National Health Service, in terms of costs of treatment given to the castration resistant prostate cancer (mCRPC), and as a result of the introduction of Radio-223 dichloride. In the assessment it was assumed that all the formulations present the same effect, ie that they present the same probability of efficacy in the treatment of metastatic castration resistant prostate cancer. The calculated values were applied to a population with mCRPC estimated the first year by about 4,009 people. **RESULTS:** Considering the cost of the drug, the costs of administration, the cost of each adverse event, the total costs of each therapy, Radio-223 dichloride appears to have a lower cost than Abiraterone in both setting of patients in the first and second line treatment, lower than Enzalutamide in post-docetaxel population. The total costs were as follows: Radio-223 dichloride € 24,662.13; Abiraterone pre-Docetaxel € 54,112.25, € 28,490.63 Abitaterone post-docetaxel, Cabazitaxel € 26,995.20, Enzalutamide € 30,885.55 and finally Docetaxel € 4,574.69. Overall, looking at the scenario of the 1st and 2nd line following the introduction of Radio-223 dichloride it would generate savings of € 1,467,994 the first year, € 3,545,090 in the second year and finally € 7,660,642 in the third year. **CONCLUSIONS:** Treatment with Radio-223 dichloride turns out to have a favorable impact on the budget and appears to be the less expensive compared to other therapeutic strategies used in mCRPC in Italy.

PCN71

ECONOMIC IMPACT OF THE DETECTION OF MEDICATION ERRORS IN ONCOLOGICAL PATIENTS WITH AFEBRILE NEUTROPENIA IN A CANCER HOSPITAL

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OBJECTIVES: To determine the avoided cost derived from the opportune intervention of the pharmacist before to the administration of schemes of chemotherapy avoiding medication errors (EM). **METHODS:** A transverse analysis of EM's record was realized (classification in accordance with Otero et al., 2000) in solid tumors, that evaluate the Clinical Pharmacy Service (CPS), in a period from November 2014 to April 2015. The intention was to identify the cases of afebrile neutropenia (AN) before the application of the scheme of chemotherapy. The cost that had been generated by the handling of an uncomplicated febrile neutropenia were estimated, in accordance with the international recommendations of clinical practice, direct medical costs were considered: medicines (institutional catalog of prices), medical consultation, laboratory study and hospitalization from Official Federation Journal and groups related to the diagnosis IMSS 2015. **RESULTS:** It was identified a whole of 365 (30 %) EM of 1195 pharmacotherapy follow-up, We found 22 patients who had AN, with an age average of 52 years, of which 54 % were women, this means 8% of total medication errors; 100 % of these errors of this patients group was a category "B" the error did not get the patient. The saving by the pharmaceutical interventions was estimated in $80,228(USD), minus the cost of the prophylactic treatment after intervention ($13,624). The whole saving was $66,604, so that monthly average cost saved by CPS was of $11,101; there are 6 clinical pharmacists, that individually saved $1,850 monthly. The patients were rescheduled for their application of chemotherapy until cure the neutropenia, a prophylaxis was given for the subsequent cycles. **CONCLUSIONS:** The opportune intervention of the pharmacist in the identification and resolution of medication errors not only represents a clinical benefit in the safety of the patient, also is a monetary saving to the institution.

PCN72

WHAT IS THE MOST COST-EFFECTIVE WAY TO SET-UP ORGANISED CERVICAL CANCER SCREENING IN FRANCE? A BUDGET IMPACT ANALYSIS

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OBJECTIVES: Accordingly to the third Cancer plan, organized screening (OS) of cervical cancer among women aged 25-65 should be implemented in the forthcoming years in France. The most cost-effective way to implement OS in the French health care system in regard of this objective is yet to be determined. **METHODS:** A budget impact model (BIM) was developed in collaboration with the French National Institute of Cancer (INCa) and an expert board involving clinical experts and stakeholder representatives (social security, ministry of health, patients and professionals). Time horizon of the analysis is three years. Five plausible scenarios aimed towards the whole non-participating population were assessed in the model. Those were derived from a basic scenario consisting of a mailed invitation followed by a mailed recall to which were added HPV DNA testing for women over 35, self-sampling kits sent to women over 35, pay for performance (P4P) incentives allocated to general practitioners (GP) whose eligible patients become participant, diversification of health professionals performing the sampling and full coverage of the screening by the statutory health insurance. **RESULTS:** The "full coverage scenario" is the most cost-effective, followed by the scenario with self-sampling kits sent to women, the scenario with increased diversity of the health professionals and the basic scenario. The costliest scenarios were the one implementing HPV DNA testing which did not provide further participation despite a high cost and the one based on P4P incentives towards GP, although it allows high participation rates. **CONCLUSIONS:** Using a comprehensive BIM, we show that full coverage of OS might be the most cost-effective way to implement it, although practical and financial issues might favour other scenarios that may be more balanced regarding the distribution of costs between stakeholders or may be more easily implemented and accepted by health professionals.

PCN73

BUDGET IMPACT ANALYSIS OR PHARMACOLOGICAL THERAPY OF CHRONIC MYELOID LEUKEMIA (CML) WITH NILOTINIB AS THE SECOND-LINE TREATMENT IN RUSSIAN FEDERATION

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Medicine supply of patients with CML is provided by means of federal state reimbursement program (FSRP) of high-cost nosologies and by regional budgets. Now, the reimbursement list of high-cost drugs includes only first generation tyrosine kinase inhibitor (TKI) – imatinib. However, there is a problem with access of patients with CML to second generation TKI because regional budgets are limited. Therefore, it's important to provide pharmacoeconomic assessment of including second generation TKI into FSRP.**OBJECTIVES:** To provide budget impact analysis (BIA) of including second generation TKI (nilotinib) into reimbursement list of high-cost drugs of FSRP for second line treatment of patients with CML. **METHODS:** BIA, as a part of this healtheconomic research was developed on the basis of decision tree and Markov model.The perspective of the study was FSRP of high-cost drugs, so direct costs for imatinib and nilotinib were considered.Real consumption of medicine was used.Tender prices of FSRP for imatinib and regional tender prices for nilotinib were used. Exchange rate 1Euro = 50Rub. **RESULTS:** Annual cost per patient for imatinib for the first line CML patient in chronic phase was 6336Euro, while patients in accelerated phase and the second line treatment patients needed high dose imatinib treatment that costs 12672Euro.Annual cost per patient for nilotinib was 35040Euro.Total expenditures for first line treatment of CML with imatinib and the second line treatment with nilotinib for all CML patients were 82,2 mln Euro.FSRP budget for CML in 2014 was 46 mln Euro, regional expenditures for the second line treatment with second generation TI of CML were above 44 mln Euro.Therefore, including of nilotinib into FSRP leads to budget increase, but doesn't exceed total current expenditures for CML of 90 mln Euro. **CONCLUSIONS:** Inclusion of nilotinib into FSRP does not exceed total current expenditures for CML and may improve patient access for effective treatment.

PCN74

PHARMACOECONOMIC ANALYSIS OF THE USE OF EVEROLIMUS COMPARED TO AXITINIB IN SECOND LINE THERAPY OF PATIENTS WITH METASTATIC RENAL CELL CARCINOMA

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OBJECTIVES: The aim of the study was to conduct a health economic evaluation of using everolimus and axitinib in patients with metastatic renal cell carcinoma (mRCC). **METHODS:** Cost-effectiveness analysis, budget impact analysis and sensitivity analysis were performed. Progression-free survival and overall survival were included into the model as the effectiveness criteria. Decision tree model with Markov cycles was used. All direct costs were calculated from the healthcare system perspective. Stability of results to changes of external factors was evaluated by performing a probabilistic sensitivity analysis. **RESULTS:** An analysis showed that the use of everolimus was by 35% less expensive than the use of axitinib. At the same time a decrease in the probability of adverse event occurrence for everolimus, as well as an increase in the duration of overall survival by 27% were observed. The total cost per patient amounted to 1,686,463 RUB and 2,283,237 RUB when using everolimus and axitinib respectively. Compared to axitinib therapy, everolimus therapy is less expensive and at the same time, is more effective, i.e. it is dominant in relation to axitinib when considering such effectiveness criteria as overall survival and progression-free survival. The results of sensitivity analysis confirmed results of the baseline scenario regarding the economic feasibility of everolimus usage. The results of the budget impact analysis showed potential savings of budget finance in case of using everolimus, which provides an opportunity to treat additional patients with mRCC with no additional expenditures on the part of health care system. **CONCLUSIONS:** Everolimus showed a longer duration of overall survival in patients with mRCC after ineffectiveness of the first-line therapy. Moreover, everolimus therapy was less costly compared to axitinib therapy. Thus, the results of the study showed that the use of everolimus is a cost-effective strategy, as it is characterized by greater efficiency and lower costs.

PCN75

COST ANALYSIS IN IMPLEMENTING RITUXIMAB FOR NON-HODGKINS LYMPHOMA - INTRAVENOUSLY AND SUBCUTANEOUSLY - IN PATIENTS WITH SOCIAL COVERAGE IN LATAM

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OBJECTIVES: To compare cost of rituximab both Intravascular and subcutaneous for the treatment of NHL in patients within the social security and retiree segment And leaving in rural areas of ARGENTINA. **METHODS:** Insurance given by two main sectors were analysed. IOMA covers 157.741 beneficiaries while PAMI covers 215.118 . 1st line and 2nd line full treatments were calculated. As RTX cost is equivalent between formulations, we calculated the modules of the treatment including medical fee, materials etc. taking into account the IOMA value of USD 140.20 and PAMI one of USD 127.12 and the time of treatment in minutes we estimate the savings with the SC formulation. **RESULTS:** IOMA Cost taking into account the consumption of time is around USD 1.190, 78 for the first line treatment and USD 899, 66 for the second

line; meanwhile PAMI cost are around USD 1.079, 66 for the first line and USD 815, 70 for the second one. Sc first line is USD 192, 98 per minute and USD 73, 61 per minute the second line for IOMA and PAMI SC USD 174, 97 per minute for the first one and USD 66, 74 per minute for the second one. Ratio between IV RTX cost and application is for IOMA 1 L 19.62 % and 14, 82 % 2 L; for PAMI the ratio for IV first line is 17, 78 % and for 2L 13, 44 %. SC represents IOMA 1 L 3, 18 % and 2L 1, 21 %, For PAMI is 2, 88 % 1L and 1, 10 % 2L. El ahorro nominal por tratamiento es de USD 997, 80 para IOMA y de USD 904, 69 PAMI. **CONCLUSIONS:** nominal saving are around USD 997 for IOMA and 904, 69 for PAMI for treatment. IV takes 5,30 as average meanwhile SC just 27 minutes that could improve patients quality of life.

PCN76

AN ASSESSMENT OF ANNUAL COSTS OF PATIENTS HOSPITALIZED FOR SPINAL TUMORS IN FRANCE: ANALYSIS USING THE PMSI DATABASE

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OBJECTIVES: To assess hospitalization costs of patients with spinal tumors in France. **METHODS:** All hospital stays with spinal tumors were extracted from the PMSI-MCO 2012 database (French Medical Information System Program- Medicine, Surgery, Obstetric): ICD-10 codes C41.2 or C41.4 or C41.8 as principal/related or significantly associated diagnosis for primary tumors; association of ICD-10 codes C79.5 and M49.5 as principal/related or significantly associated diagnosis or M49.5 alone as principal/related diagnosis for secondary tumors. Patients were followed during one year from their first stay (e.g. March 2012/March 2013). An algorithm and a medical review excluded non spinal tumor related stays. Associated costs during this period were added up: a total annual cost ("burden") as well as a mean annual cost per patient were estimated. Valuation was performed considering French official tariffs for 2012 and 2013 expressed in 2014 Euro. **RESULTS:** 9,415 stays were extracted and considered as directly related to spinal tumors corresponding to 3,284 patients. Patients were 66±19 years old on average, 55% were female. 94% of stays occurred in public hospitals. 56% of stays were ambulatory (length of stay, LOS = 0 day) and mean LOS associated with full hospitalizations was 11±14 days. Spine fracture management, chemotherapy and radiotherapy accounted for 30%, 30% and 28% of stays, respectively. Overall, the economic annual burden of hospitalizations for spinal tumor reason was €26 million; expensive drugs and implants funded in addition to DRGs (diagnosis related groups) accounted for 6% of this burden. The mean annual cost was €7,817±8,858 per patient. **CONCLUSIONS:** Spinal tumors are mainly managed in public hospital. Hospital-related costs associated with spinal tumors are high. New spinal tumors treatment modalities could decrease these costs.

PCN77

HEALTHCARE BURDEN AND ECONOMIC COST OF HOSPITALISATION DURING CHEMOTHERAPY FOR ADULT PATIENTS WITH PH-NEGATIVE B-PRECURSOR RELAPSED OR REFRACTORY (R/R) ACUTE LYMPHOBLASTIC LEUKAEMIA (ALL) IN FRANCE

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OBJECTIVES: This retrospective chart review aimed to quantify hospitalisations and costs among adult R/R ALL patients treated with current salvage chemotherapies in France. **METHODS:** Eligible patients were aged ≥18 years and hospitalised from 2003-2013 for Ph-negative R/R ALL. They were relapsed with first remission lasting <12 months, relapsed after first salvage therapy, relapsed any time after HSCT, or refractory to initial or salvage therapy. Data were collected from the index date (first diagnosis of R/R ALL) until death or loss to follow-up. The salvage chemotherapy period was defined as the first chemotherapy hospitalisation after the index date to the earliest of mean time to HSCT, death, loss to follow-up, or last chemotherapy dose plus 30 days. The primary endpoint was the percent of time in the hospital during the salvage chemotherapy period. A key secondary endpoint was total costs from index date to death. Hospitalisations and costs associated with HSCT were excluded. **RESULTS:** Thirty-three patients were included, with mean age of 49 years (range 19-75). The mean proportion of time patients spent in the hospital during the salvage chemotherapy period was 46% (95%CI: 34%-57%). The mean number of inpatient hospitalisations during the salvage chemotherapy period was 2.15 (1.5), and mean length stay was 17 (15) days. During the salvage chemotherapy period, the mean (SD) cost per hospitalisation was €31,067 (€4,850) and the mean hospitalisation cost per patient was €66,842 (€46,268). From the index date to death, there was a mean of 3.67 inpatient hospitalizations, 4.27 day hospitalizations, and 0.7 outpatient visits. Corresponding mean (SD) costs per hospitalisation were €28,832 (€8,867), €674 (0), and €394 (0) respectively, for a total cost per patient of €108,967. **CONCLUSIONS:** Adult patients receiving salvage chemotherapy for R/R ALL spend approximately half their time in the hospital, which is associated with large reimbursement costs in France.

PCN78

RETROSPECTIVE CHART REVIEW OF HOSPITALISATIONS DURING CHEMOTHERAPY FOR ADULT PATIENTS WITH PH-NEGATIVE B-PRECURSOR RELAPSED OR REFRACTORY (R/R) ACUTE LYMPHOBLASTIC LEUKAEMIA (ALL) IN ITALY

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OBJECTIVES: To quantify hospitalisations among adult R/R ALL patients treated with current salvage chemotherapies in Italy. **METHODS:** Adult patients hospitalised from 2003–2014 for Ph-negative R/R ALL were included. Eligible patients were relapsed with first remission lasting less than 12 months, relapsed after first salvage therapy, relapsed any time after HSCT or refractory to primary induction or salvage therapy. Data were collected from the index date (first diagnosis of R/R ALL) until death or loss to follow-up. The salvage chemotherapy period encompassed the first chemotherapy after the index date to the earliest of mean time to HSCT, death, loss to follow-up, or last chemotherapy dose plus 30 days. The primary endpoint was the percent of time in the hospital during the salvage chemotherapy period. Key secondary endpoints were number of hospitalisations and length of hospital stay. Hospitalisations associated with HSCT were excluded. Results are presented as mean (SD) unless indicated. **RESULTS:** Twenty-two patients were included, with a mean age of 44 (18) years. After the index date, 19 patients died and 8 patients received a HSCT. During the chemotherapy salvage period, patients spent a mean of 56% (95% CI: 46%-69%) of their time in the hospital. There were a mean of 2.2 (1.5) inpatient hospitalisations, 3.2 (6.2) day stays, and 1.6 (3.0) outpatient visits per patient, and the mean length of inpatient hospitalisation was 20.0 (20.0) days. From the index date to death, there were a mean of 2.8 (1.4) inpatient hospitalisations, 4.7 (7.3) day stays, and 4.6 (7.4) outpatient visits per patient and the mean length of inpatient hospitalisation was 19.0 (19.0) days. **CONCLUSIONS:** Adult patients receiving salvage chemotherapy for R/R ALL in Italy spend more than half their time in the hospital. Costs of hospitalisations will be presented.

PCN79

BUDGET IMPACT ANALYSIS OF THE TREATMENT OF CHRONIC MYELOID LEUKEMIA WITH TYROSINE KINASE INHIBITORS – NILOTINIB IN THE FIRST AND SECOND LINES OF THERAPY

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OBJECTIVES: The goal of the study was to evaluate clinical and economic feasibility of nilotinib in comparison with the imatinib usage as the first-line therapy for chronic myeloid leukaemia (CML), and implementation of nilotinib compared with imatinib in high doses in the second-line treatment. **METHODS:** Health-economic analysis and budget impact analysis of the use of tyrosine kinase inhibitors (TKI) for CML treatment were performed in Russian economic conditions. Economic models for the first and the second lines of CML treatment were built separately. **RESULTS:** Analysis showed that use of nilotinib for patients with newly diagnosed CML as the first-line treatment and for patients with imatinib resistance or intolerability as the second-line treatment is accompanied by 36% increase of consolidated budget expenditures in 2015 compared to 2014 in theoretical consumption calculations. In terms of real consumption, use of nilotinib leads to 16% increase in consolidated budget expenditures in 2015, in comparison with 2014. Expected budget expenditure in 2015, taking into account actual consumption, is 5.8 billion RUB. The growth of state expenditure for CML treatment might be due to increase in the number of patients and the use of the second-generation TKI. In case of nilotinib use, with consideration of remission that allows therapy cancellation, the average cost of one CML patient treatment based on all lines of therapy in the registry per year will be decreased by 6% in 2018 compared to 2015, despite an increase in the number of patients in the registry. **CONCLUSIONS:** Nilotinib is characterized by greater efficiency in the both lines of therapy. Using of the second-generation TKI, including nilotinib, can lead to stable remission with possible therapy cancellation after two or three years from the moment of deep molecular response. It may lead to the stabilization of cost per patient in the registry by 2018.

PCN80

HOSPITALISATIONS AMONG ADULT PATIENTS WITH PH-NEGATIVE B-PRECURSOR RELAPSED OR REFRACTORY (R/R) ACUTE LYMPHOBLASTIC LEUKAEMIA (ALL) RECEIVING CHEMOTHERAPY IN GERMANY: A RETROSPECTIVE CHART REVIEW

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OBJECTIVES: To determine time spent in the hospital by adult R/R ALL patients treated with current salvage chemotherapies in Germany. **METHODS:** Adult patients hospitalised between 2003 and 2014 for Ph-negative R/R ALL were included. Eligible patients were relapsed with first remission lasting less than 12 months, relapsed after first salvage therapy, relapsed any time after HSCT or refractory to primary induction or salvage therapy. Data were collected from the index date (first diagnosis of R/R ALL) until death or loss to follow-up. The salvage chemotherapy period started at the first chemotherapy after the index date to the earliest of mean time to HSCT, death, loss to follow-up, or last chemotherapy dose plus 30 days. The primary endpoint was the percent of time in the hospital during the salvage chemotherapy period. Key secondary endpoints were number of hospitalisations and length of hospital stay. Hospitalisations associated with HSCT were excluded. Results are presented as mean (SD) unless indicated. **RESULTS:** Twenty-one patients were included, with a mean age of 44 (16) years. After the index date, 17 patients died and 10 patients received a HSCT. During the salvage chemotherapy period, the mean percent of time spent in the hospital by patients was 58% (95% CI: 41%-75%). There was a mean of 1.5 (1.4) inpatient hospitalisations per patient with no day stays or outpatient visits, and the mean length of inpatient hospitalisation was 25 (20) days. From the index date to death, there were 3.5 (6.3) inpatient hospitalisations, no day stays, and 0.2 (0.6) outpatient visits per patient and the mean length of inpatient hospitalisation was 20 (27) days. **CONCLUSIONS:** Adult patients receiving salvage chemotherapy for R/R ALL in Germany spend more than half their time in the hospital. Costs of hospitalisations will be presented.

PCN81

PHARMACOECONOMIC ANALYSIS OF UROTHELIAL TRANSITIONAL CELL CANCER TREATMENT WITH VINFLUNINE IN PATIENTS RESISTANT TO THE PLATINUM-BASED TREATMENT REGIMES

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